

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Risto Miikkulainen, et al.

Title: SYSTEMS AND METHODS FOR ADAPTIVE MEDICAL DECISION SUPPORT

App. No.: 09/690,354 Filed: October 17, 2000

Examiner: Joseph P. Hirl Group Art Unit: 2121

Customer No.: 34456 Confirmation No.: 3110

Atty. Dkt. No.: 1039-0020

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JUL 26 2004Fee Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

OFFICIAL

## RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed March 24, 2004, please amend the above-identified application as follows:

**CERTIFICATE OF TRANSMISSION/MAILING**  
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents on 7-26-04.

John R. Schem  
Typed or Printed Name

  
Signature

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0851-0031  
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FORM

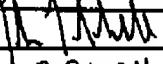
(to be used for all correspondence after initial filing)

		Application Number	09/690,354	
		Filing Date	October 17, 2000	
		First Named Inventor	Risto Miikkulainen	
		Art Unit	2121	
		Examiner Name	Joseph P. Hirl	
Total Number of Pages in This Submission		17	Attorney Docket Number	1039-0020

## ENCLOSURES (Check all that apply)

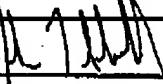
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks <b>Customer No.: 34456</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	John R. Schell, Registration No.: 50,776
Signature	
Date	7.26.04

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	John R. Schell
Signature	
	Date 7.26.04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)  
Approved for use through 07/31/2008. GMB 0651-0032

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

## Complete If Known

Application Number	09/690,354
Filing Date	October 17, 2000
First Named Inventor	Risto Mikkulainen
Examiner Name	Joseph P. Hirt
Art Unit	2121
Attorney Docket No.	1039-0020

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:Deposit Account Number  
Deposit Account Name

50-2469

TOLER LARSON &amp; ABEL LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
 

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$ 0.00)</b>	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	
			- 3** =	X	
				0	0

## Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 0.00)</b>

\*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES		Fee Description		Fee Paid
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	
		1051 130	2051 65	Surcharge - late filing fee or oath
		1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
		1053 130	1053 130	Non-English specification
		1812 2,520	1812 2,520	For filing a request for ex parte reexamination
		1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
		1806 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
		1251 110	2251 55	Extension for reply within first month
		1252 420	2252 210	Extension for reply within second month
		1253 950	2253 475	Extension for reply within third month
		1254 1,480	2254 740	Extension for reply within fourth month
		1255 2,010	2255 1,005	Extension for reply within fifth month
		1401 330	2401 165	Notice of Appeal
		1402 330	2402 165	Filing a brief in support of an appeal
		1403 290	2403 145	Request for oral hearing
		1451 1,510	1451 1,510	Petition to institute a public use proceeding
		1452 110	2452 55	Petition to revive - unavoidable
		1453 1,330	2453 665	Petition to revive - unintentional
		1501 1,330	2501 665	Utility issue fee (or reissue)
		1502 480	2502 240	Design issue fee
		1503 640	2503 320	Plant issue fee
		1460 130	1460 130	Petitions to the Commissioner
		1607 50	1807 50	Processing fee under 37 CFR 1.17(q)
		1806 180	1806 180	Submission of Information Disclosure Stmt
		8021 40	8021 40	Recording each patent assignment per property (times number of properties)
		1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(e))
		1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))
		1801 770	2801 385	Request for Continued Examination (RCE)
		1802 900	1802 900	Request for expedited examination of a design application
Other fee (specify)				

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 55.00)**

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	John R. Schell	Registration No. (Attorney/Agent)	50,776
Signature		Telephone	512-327-5515

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## FACSIMILE COVER SHEET

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**DATE:** July 26, 2004

**TO:** Examiner Joseph P. Hirl      **FAX NO.:** 703-872-9306  
USPTO GPAU 2121

**FROM:** John R. Schell  
Reg. No.: 50,776

**RE U.S. App. No.:** 09/690,354, filed October 17, 2000

**Applicant(s):** Risto Miikkulainen, et al.

**Atty Dkt No.:** 1039-0020

**Title:** SYSTEMS AND METHODS FOR ADAPTIVE MEDICAL DECISION SUPPORT

**NO. OF PAGES (including Cover Sheet):** 18

### MESSAGE:

Attached please find:

- Transmittal Form (1 pg)
- Fee Transmittal (1 pg)
- Extension of Time (One-month) (1 pg)
- Response to Office Action (14 pgs)

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